

Report to

House of Representatives Appropriations Subcommittee on Health &
Human Services and the Senate Appropriations Committee on Health
& Human Services, and the Fiscal Research Division

Report on

**The Future Role and Capacity of
Developmental Centers**

Session Law 2005-276
Senate Bill 622

Section 10.29(c)

June 1, 2006

Division of Mental Health, Developmental Disabilities, and
Substance Abuse Services
Department of Health and Human Services

Progress Report on the Future Role and Capacity of Developmental Centers June 1, 2006

The Appropriations Bill SL 2005-276 Section 10.29 calls for the Department to “*develop a plan to ensure that there are sufficient developmental disability/mental retardation regional centers to correspond with service catchment areas.*” The Bill also requires that the plan addresses “*methods of funding for community services necessitated by downsizing; how many State-operated beds and non-State operated beds are needed to serve the population; alternative uses for facilities*”, and that the Department of Health and Human Services report on the development of this plan.

During fiscal year 2005, the mental retardation centers, now referred to as developmental centers, began to develop plans for the centers’ future roles and functions. The proposed future roles are outlined in this report.

While legislation calls for the downsizing of the developmental centers, there is recognition that there are individuals currently residing at the centers who require the intensity of services and supports provided at these facilities. The centers continue to receive admission requests for individuals residing in the community who are experiencing behavioral challenges, and/or have complex medical needs that community providers are unable to meet. Individuals with mental retardation/developmental disabilities are also being referred to the centers from the state psychiatric hospitals. These are generally individuals who have entered the psychiatric hospitals through the commitment process. These are the primary factors that were considered as the centers developed their future plans.

Pending final adoption by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, a rule is tentatively scheduled to go into effect in October 2006 that creates three regions for state-operated facilities. Under this model, Caswell Center will be the designated developmental center for the eastern region; Murdoch Center for the central region; and Riddle Center for the western region. All three centers will continue to provide Intermediate Care Facility/Mental Retardation (ICF/MR) level of care to those individuals whose diagnoses include moderate, severe and profound mental retardation (current population). As downsizing of the developmental centers progresses, the operational capacity for each facility is projected to change as follows:

Caswell Center: historic high 2,045; current operating capacity 529; projected capacity 337
Murdoch Center: historic high 1,660; current operating capacity 575; projected capacity 376
Riddle Center: historic high 840; current operating capacity 350; projected capacity 247

The projected capacity for each center is based on the expected need of each of the three regions and represents a public “safety net” for persons with developmental disabilities.

The projected need for the western region takes into account the larger numbers of community based group homes, the service capacity of the Charlotte/Mecklenburg area as well as that of the Asheville area, and the current service capacity of Black Mountain Center.

In addition to serving the general ICF/MR population, the anticipated future roles and functions for all three centers is for the provision of specialty services to include:

- Autism Services: short term and long term crisis and respite services; child, adolescent and adult outpatient clinical services
- 24/7 Crisis Admission Capability
- Developmental Disabilities/Mental Illness and Mental Retardation/Mental Illness Services
- Regular and Therapeutic Respite Services

Under the three region model, O'Berry Center will be the designated facility to provide specialized nursing services to the eastern and central regions of the state. Black Mountain Center is currently providing specialized nursing services to the western region. Like Black Mountain Center, O'Berry Center will have medical/nursing units for individuals with developmental disabilities (non-ICF-MR) who have medical needs and are aging. With the expected significant growth of this population (nationally, the number of persons 60 years and older with developmental disabilities is expected to double by the year 2030) it is important that North Carolina be prepared to meet this critical need. Both facilities will have Alzheimer's behavioral units and overnight respite services for individuals with Alzheimer's disease who reside in the community. Additionally, Black Mountain Center proposes to develop an Alzheimer's nursing unit for individuals whose needs have become less behavioral and more medical as their disease progresses, as well as a gero-psychiatric unit to serve persons needing to leave the state psychiatric hospitals.

As stated in the report on the Division's progress in complying with the downsizing of the centers dated January 15, 2006, there are over 200 individuals residing at the developmental centers whose guardians are in favor of, or not opposed to, consideration of community placement, provided that appropriate supports are available. The developmental centers, local management entities (LMEs) and contract agencies continue to work with the identified individuals and their guardians to locate and arrange appropriate community living arrangements, day programming, medical and other ancillary services necessary for a successful transition to the community. Most of the individuals moving from the centers will reside in community ICF-MR group homes, others will move to supervised living group homes with support services funded through the Community Alternatives Program Medicaid Waiver (CAP-MR/DD). Funds made available as a result of developmental center downsizing are used to increase the CAP-MR/DD Waiver budget and to increase the availability of state funded, community-based services for individuals with developmental disabilities.